

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 08/11/2011	
NAME OF PROVIDER OR SUPPLIER AUTUMN PARK ASSISTED LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 5045 WEST 52ND STREET INDIANAPOLIS, IN46254			
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R0000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: August 9th, 10th, and 11th, 2011</p> <p>Facility number: 003915 Provider number: 003915 Aim number: N/A</p> <p>Survey Team: Barbara Hughes, RN, T.C. Marcy Smith, RN (August 10th and 11th, 2011) Karina Gates (August 10th and 11th, 2011) Leia Alley, RN Courtney Mujic, RN Patti Allen, BSW</p> <p>Census Bed Type: Residential: 47 Total 47</p> <p>Census Payor Type: Other 47 Total 47</p> <p>Sample: 8</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2-5.</p>			R0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0273	<p>Quality review completed 8/14/11 Cathy Emswiller RN</p> <p>(f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation an interview, the facility failed to put open dates on open packages of food and proper fitting lids on food, to ensure safe food handling. This had the potential to affect 47 residents that receive meals prepared in the facility kitchen.</p> <p>Findings Include:</p> <p>During an observation of facility kitchen on 8/9/11 at 11:15 a.m. food had been opened with no date on the open containers and packages.</p> <p>In the facility refrigerator there was one</p>			R0273	<p>Dining Services Director has labeled, dated and properly stored all items presently in stock. An all staff in-service was held on 8/25/2011, dietary staff were in-serviced on the proper labeling, dating and storage of food. A new policy has been implemented and posted in the dietary department regarding the proper labeling, dating and storage of food. Weekly audits will be conducted of the dietary department for proper labeling, dating and storage, these audits will be conducted by the Dining Services Director, Administrator, or Administrator's designee. Weekly audits will be an on-going</p>		08/26/2011

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	<p>open package of carrots and one open package of broccoli with no date on the package to indicate when they were first opened.</p> <p>In the facility freezer there was a container of vanilla ice cream, one bag of breaded chicken patties, and a bag of cookie dough with no date on the package to indicate when they were first opened.</p> <p>In the dry storage pantry, there was 10 bottles of "A1" steak sauce that were opened and had no date on the package to indicate when they were first opened.</p> <p>In the dry storage pantry there was a container of sugar in a medium sized plastic storage bin. The lid was sitting partly off the container, leaving the sugar open to air and outside contaminants. There was also a box of lasagna style noodles that was in a box with no covering open to air and outside contaminants.</p> <p>During an interview on 8/9/11 at 11:40 a.m. with the Dietary Manager, she indicated that it is normal practice to put the date food was opened on the outside of the package it came in. She also indicated that some of the food had just came in from a recent shipment. The Dietary Manger tried to fit the lid properly</p>		<p>tool to ensure the proper labeling, dating and storage of all food. A copy of the audits will be submitted weekly to Community Administrator.</p>		

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R0300	<p>on the sugar without success and indicated she would find an appropriately fitting lid.</p> <p>A facility policy dated January 2008 and titled "Dining Services- Kitchen Management Storage/Inventory" indicated the facility staff is to "protect all stored items from spoilage...". There is no specific information in the policy regarding placing a date on a package once it had been opened.</p> <p>(4) Over-the-counter medications, prescription drugs, and biologicals used in the facility must be labeled in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions and the expiration date. Based on observation, interview and record review, the facility failed to removed expired or undated eye drops for 3 of 6 residents sampled (Residents #21, 24 and 35), and failed to remove expired discus inhalers for 3 of 4 residents sampled (Residents #20, 23 and 41) .</p> <p>Findings include:</p> <p>1. During observation of medications in the 2nd floor med cart, 2 bottles of eye drops were observed to be expired (90 days after opening) and 2 were observed with no open date as follows:</p>		R0300	<p>The expired medications for Residents #35, #21, #24, #23, #20 and #41 were removed from the medication cart on 8/10/2011. All medication carts were audited for expired medications on 8/10/2011, no other expired medications were noted to be expired. Weekly audits of the medication carts began on 8/26/2011. Theses audits will be performed by the 3rd shift nurse, Wellness Director, Administrator or Administrator's designee. The weekly audits will be an on-going tool to ensure compliance with Pharmaceutical Services standards. A copy of the audits</p>		08/26/2011	

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	<p>Resident #35: Systane 0.3 eye drops - marked opened on 5/9/11 and expired.</p> <p>Resident #21: Dorzolamide/Timolol eye drops - marked opened on 4/12/11 and expired.</p> <p>Resident #21: Brimonidine 0.2 eye drops - not marked with an opened date.</p> <p>Resident #24: Visine 0.5 eye drops - not marked with an opened date.</p> <p>An undated facility policy received from the Director of Nursing on 8/11/11 at 12:10 P.M., titled "Expiration Dates of Perishable Medications" indicated ophthalmic preparations expire 90 days after opening.</p> <p>2. During review of meds on the 2nd floor med cart, 3 discus inhalers were observed to be expired (28 days after opening) as follows:</p> <p>Resident #23: Advair 25/50 - marked opened on 6/28/11.</p> <p>Resident #20: Advair 100/50 - marked opened on 6/26/11.</p> <p>Resident #41: Advair 25/50 - marked opened on 6/26/11.</p> <p>The manufacturers Medication Guide for Advair Discus dated 1/11 indicated "Safely discard Advair Discus 1 month after you remove it from the foil pouch."</p>				will be submitted weekly to the Community Administrator.		

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R0349	<p>During interview with QMA #1 on 8/10/11 at 10:10 A.M., she indicated she did not notice the dates on the eye drops or inhalers as being not dated or expired. She indicated the eye drops were expired after 90 days of opening and inhalers were expired after 28 days of opening.</p> <p>(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:</p> <ol style="list-style-type: none"> (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized. <p>Based on record review and interview, the facility failed to ensure clinical records were accurately and completely maintained regarding documentation of heart rate for 1 of 6 residents reviewed for accurate and complete documentation of clinical records in a sample of 8. (Resident #22)</p> <p>Findings included:</p> <p>The record of Resident #22 was reviewed on 8/10/11 at 10:30 a.m.</p>	R0349	<p>The heartrate for Resident #22 will now be recorded on the Medication Administration Record. An audit of all other Medication Administration Records was conducted to ensure proper documentation of all physician order vital signs. An in-service held on 8/25/2011, nursing staff (LPN's and QMA's) were in-serviced on proper documentation of physician ordered monitoring of vital signs. An audit of the medication administration record will be conducted weekly by the Charge Nurse, Wellness Director, or</p>	08/26/2011	

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	<p>Diagnoses for Resident #22 included, but were not limited to, high blood pressure and coronary artery disease. Resident #22 had a pacemaker.</p> <p>A recapitulated physician's order for August, 2011, with an original date of 7/11/11, indicated Resident #22 was to receive Metoprolol 50 milligrams (mgs) 2 times per day and the medication was not to be given if the resident's heart rate was less than 55 beats per minute.</p> <p>Review of the Medication Records for July, 2011, indicated Metoprolol 50 mgs was given 2 times per day between 7/11/11 and 7/31/11. There was no documentation in Resident #22's record to indicate her heart rate was checked prior to receiving the Metoprolol.</p> <p>During an interview with Qualified Medication Aide #1 (QMA) on 8/11/11 at 9:55 a.m. she indicated she checked Resident #22's heart rate every day but wrote the heart rate in her own personal notebook. She indicated she did not document the heart rate in the resident's clinical record.</p> <p>During an interview with the Director of Nursing (DON) at the same time, 8/11/11 at 9:55 a.m., the DON indicated QMA #1</p>				<p>Administrator. The audits will be an on-going tool ensure continued compliance with Clinical Records standards .A copy of the weekly audit will be submitted to the Community Administrator.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	should have written Resident #22's heart rates on her Medication Record.						